

TACTICAL RESPONSE REPORT / Chicago Police Department

INCIDENT	DATE OF INCIDENT		TIME	ADDRESS OF OCCURRENCE 1113 W FULTON ST CHICAGO, IL 60644			LOCATION CODE 291	BEAT/OCCUR. 1113	VIDEO RECORDED INCIDENT <input checked="" type="checkbox"/> BWC <input type="checkbox"/> IN-CAR VIDEO <input type="checkbox"/> OTHER VIDEO
	BUSINESS NAME		<input checked="" type="checkbox"/> DINA	EXACT AREA WITHIN LOCATION (E.G., BASEMENT, STAIRWAY, BEDROOM) BACKYARD			ASSIGNMENT TYPE <input type="checkbox"/> ON-VIEW <input type="checkbox"/> OTHER <input type="checkbox"/> SUPERVISOR DIRECTED <input checked="" type="checkbox"/> CALL FDR SERVICE		
INVOLVED MEMBER	EVENT NO.		RD NO.	IR NO.	CB NO.	CHARGE		INVOLVED A MOTOR VEHICLE PURSUIT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	1818416795		JB334215						
LIGHTING <input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN <input type="checkbox"/> DARKNESS		WEATHER <input type="checkbox"/> CLEAR <input checked="" type="checkbox"/> SNOW/ICE <input type="checkbox"/> CLOUDY <input type="checkbox"/> FOG	PATROL TYPE? <input type="checkbox"/> BICYCLE <input type="checkbox"/> SQUADRD <input type="checkbox"/> DTHR: <input checked="" type="checkbox"/> POLICE CAR <input type="checkbox"/> MOTORCYCLE <input type="checkbox"/> VAN/BUS <input type="checkbox"/> FOOT PAPV			MEMBER WAS? <input type="checkbox"/> ALONE <input checked="" type="checkbox"/> WITH PARTNER		ASSIST UNITS ON SCENE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INCIDENT INDDR <input type="checkbox"/> OUTDOOR <input checked="" type="checkbox"/>
LAST NAME 9161 TAYLOR	FIRST NAME DAVID	EMPLOYEE ID. ██████████	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE 29	AGE 29	HT. 5'11"	WT. 170		
DATE OF APPT. 31-AUG-2015	UNIT & BEAT OF ASSIGN. 011	DUTY STATUS <input type="checkbox"/> ON <input checked="" type="checkbox"/> OFF	IN UNIFORM? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF MEMBER INJURY <input type="checkbox"/> None / None Apparent <input type="checkbox"/> Minor Swelling <input type="checkbox"/> Significant Contusion	Minor Contusion/Laceration <input type="checkbox"/> Laceration Requiring Sutures <input type="checkbox"/> Gun Shot <input type="checkbox"/> Broken/Fractured Bone(s) <input type="checkbox"/> Fatal <input type="checkbox"/> Heart Attack/Stroke/Aneurysm <input checked="" type="checkbox"/> Other (Specify)				
LAST NAME EASON	FIRST NAME TERRELL	M.I. M	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE BLACK	D.O.B. 1985	HT. 5'11"	WT. 170		
ADDRESS 4150 W CARRDLL AVE CHICAGO, IL	TELEPHONE NO.	CONDITION <input type="checkbox"/> Apparently Normal <input type="checkbox"/> Injured Unrelated to Force	<input checked="" type="checkbox"/> Injured by Member <input type="checkbox"/> Alleges Injury by Member <input type="checkbox"/> Under Influence of Alcohol	<input type="checkbox"/> Under Influence of Drugs <input type="checkbox"/> Mental Illness / Emotional Disorder					
MEDICAL TREATMENT? <input type="checkbox"/> Refused Medical Aid <input type="checkbox"/> Offered/EMS Requested <input checked="" type="checkbox"/> Performed by CFD EMS COOK COUNTY				SUBJECT INJURY BY MEMBER'S USE OF FDRCE? <input type="checkbox"/> None/None Apparent <input type="checkbox"/> Non-Fatal - Minor Injury <input type="checkbox"/> UNK <input type="checkbox"/> Subject Alleged Injury <input type="checkbox"/> Non-Fatal - Major Injury <input checked="" type="checkbox"/> Fatal					
<input checked="" type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/> VERBAL THREATS <input type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> PULLED AWAY <input checked="" type="checkbox"/> FLED <input type="checkbox"/> IMMINENT THREAT OF BATTERY - ND WEAPON <input type="checkbox"/> OTHER (DESCRIBE)				<input type="checkbox"/> PHYSICAL ATTACK WITHDOUT WEAPON. (SPECIFY) <input type="checkbox"/> HAND/ARM/ELBOW STRIKE <input type="checkbox"/> KNEE/LEG STRIKE <input type="checkbox"/> MOUTH/TEETH/SPIT <input type="checkbox"/> PUSH/SHOVE/PULL <input type="checkbox"/> GRAB/HOLD/RESTRAIN <input type="checkbox"/> WRESTLE/GRAPPLE <input type="checkbox"/> OTHER (DESCRIBE)					
<input type="checkbox"/> THRDWN OBJECT (DESCRIBE)				<input type="checkbox"/> IMMINENT THREAT OF BATTERY WITH WEAPON <input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON <input type="checkbox"/> PHYSICAL ATTACK WITH WEAPON <input checked="" type="checkbox"/> USED FORCE LIKELY TD CAUSE DEATH OR GREAT BOODILY HARM					
<input type="checkbox"/> WAS SUBJECT ARMED WITH WEAPN? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES, DESCRIBE BELOW:				<input type="checkbox"/> BLUNT OBJECT <input type="checkbox"/> CHEMICAL WEAPON <input type="checkbox"/> TASER/Stun Gun <input type="checkbox"/> VEHICLE <input checked="" type="checkbox"/> SEMI-AUTO PISTOL					
<input type="checkbox"/> KNIFE/CUTTING INSTRUMENT <input type="checkbox"/> REVOLVER <input type="checkbox"/> RIFLE <input type="checkbox"/> SHOTGUN				<input type="checkbox"/> EXPLOSIVE DEVICE <input type="checkbox"/> OTHER (DESCRIBE) <input type="checkbox"/> RIFLE <input type="checkbox"/> SHOTGUN					
<input type="checkbox"/> WEAPON/OBJECT PERCEIVED AS:				<input type="checkbox"/> WEAPON USE: <input checked="" type="checkbox"/> Displayed, Not Used <input type="checkbox"/> Member at Gunpoint <input type="checkbox"/> QNA <input type="checkbox"/> Used - Attempt to Attack Member <input type="checkbox"/> Obtained Member's Weapon <input type="checkbox"/> Possessed <input type="checkbox"/> Used - Attacked Member					
<small>SUBJECT ACTIVITY Drug-Related? <input type="checkbox"/> Gang-Related? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</small>				<small>DID THE SUBJECT COMMIT AN ASSAULT OR BATTERY AGAINST THE INVOLVED MEMBER PERFORMING A POLICE FUNCTION? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> IDENTIFY MANNER OF ATTACK?</small>					
<small>IF YES, IDENTIFY MANNER OF ATTACK?</small>				<small>MANNER OF ATTACK? <input type="checkbox"/> Show/Show At DF <input type="checkbox"/> Pursuing/Arresting Subject <input type="checkbox"/> Stabbed/Cut (Including Attempt) <input checked="" type="checkbox"/> Other (Including Verbal Threats)</small>					
<small>TYPE OF ACTIVITY? <input type="checkbox"/> Ambush - No Warning <input type="checkbox"/> Disturbance - Domestic <input type="checkbox"/> Traffic Stop <input checked="" type="checkbox"/> Man with a Gun <input type="checkbox"/> Investigatory Stop <input type="checkbox"/> Disturbance - Mental Health</small>				<small><input type="checkbox"/> Disturbance - Riot/Mob Action/Civil Disorder <input type="checkbox"/> Disturbance - Other <input type="checkbox"/> Other - Describe in Narrative</small>					
<small>IUCR CODE:</small>				<small><input type="checkbox"/> Processing/Transporting/Guarding Arrestee Charge: <input type="checkbox"/> Struck/Blunt Force (Including Attempt) <input type="checkbox"/> Stabbed/Cut (Including Attempt) <input checked="" type="checkbox"/> Other (Including Verbal Threats)</small>					
<small>REASON FOR RESPONSE? <input checked="" type="checkbox"/> Defense of Self <input checked="" type="checkbox"/> Defense of Department Member</small>				<small><input type="checkbox"/> Defense of Member of Public <input type="checkbox"/> Overcome Resistance or Aggression <input type="checkbox"/> Stop Self-Inflicted Harm <input type="checkbox"/> Fleeing Subject</small>					
<small><input type="checkbox"/> Subject Armed with Weapon <input type="checkbox"/> Unintentional</small>									
FORCE MITIGATION EFFORTS				CONTROL TACTICS					
<input checked="" type="checkbox"/> MEMBER PRESENCE <input type="checkbox"/> ZONE OF SAFETY <input type="checkbox"/> MOVEMENT TO AVOID ATTACK <input checked="" type="checkbox"/> VERBAL DIRECTION/ CONTROL TECHNIQUES <input type="checkbox"/> SPECIALIZED UNITS <input checked="" type="checkbox"/> ADDITIONAL UNIT MEMBERS				<input type="checkbox"/> TACTICAL POSITIONING <input type="checkbox"/> NONE <input type="checkbox"/> OTHER					
<input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR				<input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input checked="" type="checkbox"/> EMERGENCY HANDCUFFING					
RESPONSE WITHOUT WEAPONS				RESPONSE WITH WEAPONS					
<input type="checkbox"/> OPEN HAND STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> TAKE DOWN <input type="checkbox"/> OTHER <input type="checkbox"/> ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> KNEE STRIKE				<input type="checkbox"/> OC/CHEMICAL WEAPON <input type="checkbox"/> TASER <input type="checkbox"/> OC/CHEMICAL WEAPON W/ AUTHORIZATION* <input type="checkbox"/> CANINE <input type="checkbox"/> LRAD W/ AUTHORIZATION* <input type="checkbox"/> BATON/EXPANDABLE BATON					
<small>*AUTHORIZED BY (NAME)</small>				<small>IMPACT MUNITIONS (DESCRIBE BELOW)</small>					
<small>RANK</small>				<small>STAR NO.</small>					
<small>UNIT NO.</small>									
<small>ND. OF WEAPONS DISCHARGED BY THIS MEMBER</small>		<small>WEAPON TYPE:</small>		<small><input checked="" type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> SHOTGUN <input type="checkbox"/> REVOLVER <input type="checkbox"/> OTHER <input type="checkbox"/> RIFLE</small>		<small>WEAPDN SERIAL NO.</small>			
<small>1</small>				<small>XFP094</small>		<small>R038649S</small>			
<small>DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY?</small>		<small>DID THE DISCHARGE RESULT IN A SELF-INFILCTED INJURY?</small>		<small>WAS SUBJECT VEHICLE USE AS A WEAPON?</small>					
<small><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</small>		<small><input checked="" type="checkbox"/> NO <input type="checkbox"/> YES-SUBJECT <input type="checkbox"/> YES-MEMBER</small>		<small><input checked="" type="checkbox"/> NO <input type="checkbox"/> YES - AGAINST MEMBER <input type="checkbox"/> YES - AGAINST OTHER PERSON</small>					
<small>WAS DISCHARGE ONLY TO DESTROY/DETER AN ANIMAL?</small>		<small>WAS THIS AN UNINTENTIONAL DISCHARGE DURING A NON-CRIMINAL INCIDENT?</small>		<small>PERSON/OBJECT(S) STRUCK BY THE DISCHARGE OF MEMBER'S WEAPON (CHECK ALL THAT APPLY):</small>					
<small><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</small>		<small><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</small>		<small><input checked="" type="checkbox"/> SUBJECT <input type="checkbox"/> DEPARTMENT MEMBER <input type="checkbox"/> ANIMAL <input type="checkbox"/> NONE <input type="checkbox"/> OTHER OBJECT <input type="checkbox"/> OTHER PERSON <input type="checkbox"/> VEHICLE <input type="checkbox"/> UNKNOWN</small>					
<small>TASER DISCHARGE ONLY</small>		<small>TASER DART ID NO.</small>		<small>PROPERTY INVENTORY NO.</small>		<small>PROBE DISCHARGE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER</small>			
<small>FIREARM DISCHARGE ONLY</small>		<small>WHO FIRED FIRST SHOT?</small>		<small>TOTAL NO. OF SHOTS MEMBER FIRED</small>		<small>CONTACT STUN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER</small>			
<small><input checked="" type="checkbox"/> MEMBER <input type="checkbox"/> OTHER (Specify)</small>		<small>8</small>		<small>WAS FIREARM RELOADED DURING INCIDENT?</small>		<small>ARC CYCLE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER</small>			
<small><input type="checkbox"/> OFFENDER</small>				<small><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</small>		<small>SPARK DISPLAY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER</small>			
						<small>MAKE/MANUFACTURER GLOCK 19H</small>			
						<small>MODEL 17</small>			
						<small>DID MEMBER FIRE AT A VEHICLE? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES</small>			

NOTIFICATIONS AND NARRATIVE

NOTIFICATIONS (ALL INCIDENTS): IMMEDIATE SUPERVISOR DISTRICT OF OCCURRENCE

NOTIFICATIONS (WEAPONS DISCHARGE AND DEADLY FORCE): OEMC CPIC

NARRATIVE (If applicable, describe with specificity, (1) the use of force incident, (2) the subject's actions, and (3) the department member's response, including force mitigation efforts and specific types and amount of force used. The involved member **WILL NOT COMPLETE THE NARRATIVE SECTION** for any firearm discharge incidents (with or without injury) or in any use of force incidents resulting in death.)

REPORTING MEMBER (Print Name)
KRUGER, KARL

STAR/EMPLOYEE NO.
1505

SIGNATURE

REVIEWING SUPERVISOR

TYPE OF SUBJECT INJURY	<input type="checkbox"/> Minor Contusion <input type="checkbox"/> Significant Contusion <input type="checkbox"/> Gun Shot <input type="checkbox"/> None / None Apparent <input type="checkbox"/> Minor Laceration/Abrasion <input type="checkbox"/> Laceration Requiring Sutures <input checked="" type="checkbox"/> Fatal <input type="checkbox"/> Minor Swelling <input type="checkbox"/> Complaint of Substantial Pain <input type="checkbox"/> Broken/Fractured Bone(s) <input type="checkbox"/> Other (Explain)			HOW WAS INJURY SUSTAINED?	<input checked="" type="checkbox"/> Intentional Act by Member <input type="checkbox"/> Intentional Act by Self <input type="checkbox"/> Intentional Act by Other <input type="checkbox"/> Unintentional Act by Member <input type="checkbox"/> Unintentional Act by Self <input type="checkbox"/> Unintentional Act by Other		
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WITNESSES	LAST NAME	FIRST NAME	M.I.	SEX	RACE	DATE OF BIRTH
				<input type="checkbox"/> M <input checked="" type="checkbox"/> F		
	ADDRESS CHICAGO, IL	TELEPHONE NO.	WITNESS INTERVIEW			OTHER (Specify)
			<input type="checkbox"/> INTERVIEWED	<input type="checkbox"/> NOT	<input type="checkbox"/> REFUSED	AVAILABLE _____
WITNESS STATEMENT						

REVIEWING SUPERVISOR: COMMENTS

R/SGT HAS COMPLIED WITH THE DUTIES OUTLINED IN G03-02-02.

ATTACHMENTS:		<input type="checkbox"/> CASE REPORT	<input type="checkbox"/> ARREST REPORT	<input type="checkbox"/> SUPPLEMENTARY REPORT	<input type="checkbox"/> INVENTORY	<input type="checkbox"/> IOD REPORT	<input type="checkbox"/> TASER DOWNLOAD	<input type="checkbox"/> OTHER
REVIEWING SUPERVISOR:		<input checked="" type="checkbox"/> LOG NUMBER OBTAINED FROM THE CIVILIAN OFFICE OF POLICE ACCOUNTABILITY (COPA).					LOG NO. OBTAINED: 1090087	
<input checked="" type="checkbox"/> I HAVE COMPLIED WITH THE DUTIES OUTLINED IN G03-02-02.		<input checked="" type="checkbox"/> I HAVE REVIEWED THIS TACTICAL RESPONSE REPORT AND AFFIRM THAT THE REPORT IS LEGIBLE AND COMPLETE.						
REVIEWING SUPERVISOR NAME (Print) PETRACCO, CORY		STAR NO. 2545	SIGNATURE		DATE/TIME COMPLETED 04-JUL-2018 0358			

DISTRIBUTION OF TRR: If a paper TRR was completed due to an unavailability of the automated tactical response report application:

1. The original TRR will be forwarded to Director, Records Division - to be included with the corresponding case file.
2. A copy of the paper TRR and the attachments will be forwarded to:
 - A. The investigating supervisor responsible for the investigation,
 - B. Civilian Office of Police Accountability (COPA), and
 - C. Director, Information Services Division, to ensure data entry and attachment scanning into the automated tactical response report (A-TRR) application.

TRR 1 OF 1 TRR(S)

TACTICAL RESPONSE REPORT - INVESTIGATION/Chicago Police Department

INCIDENT INFORMATION	DATE OF INCIDENT 03-JUL-2018	TIME 2004	ADDRESS OF OCCURRENCE [REDACTED] W FULTON ST CHICAGO, IL 60644	EVENT NO. 1818416795	RD NO. JB334215	
	RANK 9161	MEMBER LAST NAME TAYLOR	MEMBER FIRST NAME DAVID	EMPLOYEE NO. [REDACTED]	CB NO. [REDACTED]	
	SUBJECT LAST NAME EASON	SUBJECT FIRST NAME TERRELL	M.I.	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE BLK	D.O.B. [REDACTED]-1985

LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

SUBJECT'S STATEMENT REGARDING THE USE OF FORCE DNA REFUSED INTERVIEW NOT CONDUCTED (Specify Reason)
DOA

LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS

Member along with Copa and R/DC viewed body camera, U#18-11. Member's weapon was in compliance. IRT assisted COPA who is the lead agency in investigating this incident.

ADDITIONAL ATTACHMENTS

LT OR ABOVE/INCIDENT COMMANDER:

I HAVE COMPLIED WITH THE DUTIES OUTLINED IN G03-02-02.
 I HAVE CONCLUDED THAT THE MEMBER'S USE OF FORCE
 REQUIRES A NOTIFICATION TO THE INDEPENDENT POLICE
 REVIEW AUTHORITY (IPRA) / CIVILIAN OFFICE OF POLICE
 ACCOUNTABILITY (COPA). LOG NO. OBTAINED:
 1090087

BASED ON THE PRELIMINARY
 INFORMATION THAT I HAVE
 REVIEWED AND THAT WAS
 AVAILABLE AT THE TIME OF
 THIS REPORT, THE
 MEMBER'S USE OF FORCE
 RESPONSE APPEARS TO BE:

IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.
 NOT IN COMPLIANCE WITH DEPARTMENT POLICY AND
 DIRECTIVES.
 A DEADLY FORCE OR OFFICER-INVOLVED DEATH INCIDENT.

ACTIONS RECOMMENDED? NO YES, DESCRIBE BELOW:

OTHER:

- INDIVIDUAL DEBRIEFING WITH SUPERVISOR REVIEW LEGAL/TRAINING BULLETIN
- REVIEW STREAMING VIDEO STRESS REDUCTION SEMINAR
- REVIEW DEPARTMENT DIRECTIVES

LT OR ABOVE/INCIDENT COMMANDER NAME (Print)
WILLIAMS, TERENCE V

STAR NO.

59

SIGNATURE
[REDACTED]

DATE/TIME COMPLETED
04-Jul-2018 0424

Taylor Kineor
Bank 1134